

flat back 200
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **10/509647** | FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
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49			/			
50			/			
TOTAL IND.			2			
TOTAL DEP.		12				
TOTAL CLAIMS		14				

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IND.	DEP.	IND.	DEP.
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TOTAL DEP.			
TOTAL CLAIMS			